

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-35091 United States Bankruptcy Court Southern District of Texas FILED JUL 21 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Knoe Fm & Knoe TV	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**3-DIGIT 712 Knoe Fm PO Box 4067 Monroe LA 71211-4067 	Check box if you have never received any notices from the bankruptcy court in this case		
	Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: 6854/6855/L		Check here _____ replaces if this claim _____ amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 4/01/00 - 5/31/00		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 6,692.05 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		317	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 7/19/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <i>Janice Bagwell</i> JANICE BAGWELL, ACCTS. REC.		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			



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ACSB AFFILIATE

STAGE STORES, INC
C/O REYNOLDS MEDIA SER
2425 FOUNTAINVIEW, #355
HOUSTON TX

77057

AGENCY: STAGE STORES INC
ADVERTISER: STAGE
AGN/ADV/ACCT: 6854/6855/L
BILLING DATE: 5/31/00

STATION: KNOE-TV

INVOICE NUMBER	DATE OF CHARGE	PAYMENT		DESCRIPTION	CURRENT CHARGES		NET BALANCE FORWARD
		DATE	CHECK #		GROSS AMOUNT	AGENCY COMMISSION	
315201	3/31/00	5/22/00	64438	STAGE/ANNIVERSARY SALE PAYMENT			1,615.00
315203							1,615.00CR
339401	4/25/00	5/22/00	64627	STAGE/TWO DAY SALE PAYMENT			2,180.25
339402							2,180.25CR
347701	4/25/00			STAGE/SHOES 2 FOR 1			1,610.75
348201	4/25/00			STAGE/SPRING SALE			2,503.25
315202	4/25/00			STAGE/ANNIVERSARY SALE PAYMENT			484.50
315204							484.50CR
339301	5/21/00	5/22/00	64627	STAGE/ONE DAY SALE	2,565.00	384.75	2,180.25
REFLECTS PAYMENTS RECEIVED THRU 5/31/00							
PAST DUE AMOUNTS							
OVER 180 DAYS	OVER 150 DAYS	OVER 120 DAYS	OVER 90 DAYS	OVER 60 DAYS	OVER 30 DAYS	CURRENT	TOTAL AMOUNT DUE
					4,114.00	2,180.25	6,294.25



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STATEMENT

REFLECTS PAYMENTS RECEIVED

INVOICE NUMBER	DATE OF CHARGE	PAYMENT DATE	CHECK #	DESCRIPTION	GROSS AMOUNT	CURRENT CHARGES AGENCY COMMISSION	NET AMOUNT	NET BALANCE FORWARD
30302	3/31/00			STAGE PAYMENT				198.90
30305		5/05/00	54401	STAGE PAYMENT				198.90
30304	4/30/00			STAGE	234.00	39.10	198.90	198.90
30306	5/31/00			STAGE				
PAST DUE AMOUNTS								
OVER 150 DAYS								
OVER 120 DAYS								
OVER 90 DAYS								
OVER 60 DAYS								
OVER 30 DAYS					198.90		198.90	397.80
CURRENT								